

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury, VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 871-3317  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 871-3318

June 2, 2014

Ms. Jennifer Anderson, Administrator  
Forest Hill Residential Care Home  
213 Clark Drive  
Hyde Park, VT 05655-9218

Dear Ms. Anderson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 2, 2014**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN  
Licensing Chief

PC:jl

PRINTED: 05/23/2014  
FORM APPROVED

## Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0597	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 04/02/2014
NAME OF PROVIDER OR SUPPLIER  FOREST HILL RESIDENTIAL CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 213 CLARK DRIVE HYDE PARK, VT 05655		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments:  An unannounced on-site self report and complaint investigation was conducted on 04/02/14 by the Division of Licensing and Protection. The following are Residential Care Home (RCH) findings.	R100		
R160 SS=C	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.a Each residential care home must have written policies and procedures describing the home's medication management practices. The policies must cover at least the following:  (1) Level III homes must provide medication management under the supervision of a licensed nurse. Level IV homes must determine whether the home is capable of and willing to provide assistance with medications and/or administration of medications as provided under these regulations. Residents must be fully informed of the home's policy prior to admission. (2) Who provides the professional nursing delegation if the home administers medications to residents unable to self-administer and how the process of delegation is to be carried out in the home. (3) Qualifications of the staff who will be managing medications or administering medications and the home's process for nursing supervision of the staff. (4) How medications shall be obtained for residents including choices of pharmacies. (5) Procedures for documentation of medication administration. (6) Procedures for disposing of outdated or unused medication, including designation of a	R160		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

*Jennifer Anderson*

Administrator

6/30/14

111

3X2711

If continuation sheet 1 of 3

R160 + R164 POC's accepted 6/2/14 Pmcotarn

PML

PRINTED: 06/23/2014  
FORM APPROVED

## Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0597	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  C 04/02/2014
NAME OF PROVIDER OR SUPPLIER  FOREST HILL RESIDENTIAL CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 213 CLARK DRIVE HYDE PARK, VT 05655			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R160	Continued From page 1  person or persons with responsibility for disposal. (7) Procedures for monitoring side effects of psychoactive medications.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that medication policies contained the required information. Findings include:  Per record review on 04/02/14, the facility medication policies did not include: A). How the process of medication delegation is carried out in the home. B). Qualifications of staff who will be managing or administering medications in the home. C). The home's process for nursing supervision of the staff.  In an interview on 04/02/14 at 10:51 AM, the Nurse Surveyor requested the policy and procedures regarding the above information. The Administrator at that time confirmed that there were no policies and procedures found at the home for the above information.	R160	Medication policies were updated to include medication delegation and nursing supervision.  Med Tech job Qualification provided in job descriptions for all med tech hired.  * see attached policy + job description		
R164 SS=F	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:  (2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated	R164			

Division of Licensing and Protection  
STATE FORM

3300

3X2711

If continuation sheet 2 of 3

PRINTED: 05/23/2014  
FORM APPROVED

## Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0597	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 04/02/2014
NAME OF PROVIDER OR SUPPLIER  FOREST HILL RESIDENTIAL CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 213 CLARK DRIVE HYDE PARK, VT 05658		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R184	<p>Continued From page 2</p> <p>residents</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to show evidence that unlicensed staff who administer medications to potential residents in the RCH had been delegated the medication administration responsibility by a Registered Nurse (RN). Findings include:</p> <p>Per interview on 04/02/14 at 9:30 AM the Registered Nurse (R.N.) said that s/he will do the the nursing oversight when the "med techs" (unlicensed staff members who give medications) take a written test, and s/he is involved in reviewing the written tests. The RN is not involved for all employees who administer medications for all required portions of the medication delegation process. S/he then stated the "med techs" have an orientation with "the more experienced med techs, sometimes the LPN (licensed practical nurse) will do it and if I am there I'll watch the medication pour". Per interview in the afternoon, the Administrator stated that their interpretation of the regulation was that the LPN was able to do the medication delegation and confirmed that not all current staff were delegated by the current RN.</p> <p>Reference: Vermont State Board of Nursing - THE ROLE OF THE NURSE IN DELEGATING NURSING INTERVENTIONS POSITION STATEMENT. Last Revised May 2013.</p>	R184	<p>(med techs) All staff are now delegated under the current RN. Policy has been put in place to delegate foregoing duties to LPN. See attached policy + signature sheet</p>	

### **Forest Hill Residential Care Home**

**Code:** Admin-015

**Subject:** Nursing Overview

#### **POLICY**

Forest Hill Residential Care Home shall provide a registered nurse to supervise all the nursing care given at Forest Hill Residential Care Home. Licensed nurses shall provide the nursing overview for the resident's care. Provision for emergency coverage shall be maintained. RN may delegate tasks to an LPN at his/her discretion.

#### **PURPOSE**

To outline the scope of nursing services provided by licensed nursing staff and delegated tasks.

#### **PROCEDURE**

*The nursing staff shall be responsible to:*

- Complete an assessment of the resident.
- Develop and maintain a care plan for each resident. For ACCS residents the care plan shall list case management services provided by Forest Hill Residential Care Home, including coordination of community services, as well as a notation as to whether 24 hour assistive therapy services are required and provided.
- Provide instruction and supervision of all direct care personnel regarding the resident's health care needs and nutritional needs, and delegate nursing tasks as appropriate.
- Keep a current list of all medication in use for residents available for staff and the physicians. The list shall include: resident's name, medications, date medication ordered, dosage, frequency and route of administration, and likely side effects to monitor.
- Assure that all residents' medications are reviewed periodically, and that all resident medications have either a supporting medical diagnosis or problem.
- Maintain lists of all treatments for each resident including: resident's name, date of treatment order, treatment ordered and the prescribed frequency, and documentation to reflect that treatment was carried out.
- Assure that all signs and symptoms of illness or accident are recorded at the time of occurrence, along with action taken.
- Ensure that the resident's record contains documentation of any changes in a resident's condition.
- Review all therapeutic diets and food allergies with dietary staff as needed to assure nutritional standards are met and are consistent with physician orders.
- Monitor stability of each resident's weight.
- Assume responsibility for staff performance in the administration of or assistance with resident medication.

*Training shall be provided for all staff with medication administration responsibilities on the following topics, including but not limited to:*

- The difference between administration and assistance with medication.
- medication administration and assistance - procedures and documentation
- drug disposal
- use of PRN medications
- residents' rights to direct their own care
- signs, symptoms and side effects of medication
- all policies regarding medications
- other in-service training as determined by Forest Hill Residential Care Home's Administrator with the RN Oversight Nurse.

**RN Delegation:**

RN may delegate tasks to an LPN. This delegation may occur when the RN has assessed the LPN's qualifications, experience, and knowledge of the nursing standards required to perform such tasks. RN may assess with the tools and process of his/her choosing.

RN can delegate medication management to unlicensed staff. RN will assure unlicensed staff have proper training in the delivery of medications, the monitoring of side effects and the standards of passing medications. This training may occur directly with the RN or the RN may delegate this training to the LPN under the RN's supervision. RN will document all staff who have been approved to pass medications. This document will be placed in each resident medical file.

RN will supervise all education and training of Med Tech's with the assistance of the LPN if RN delegates this task to the LPN. Training will include but not limited to: Med Pass, First Aid, Treatments, Monitoring Side Effects, Understanding Medications and their purpose of usage.

## **MED TECH**

### **Qualifications:**

- One year of experience in care of older adults. Able to read and write. Able to communicate effectively with others. Med passing experience preferred. Minimum 80 percent performance on Med Tech test. Complete training provided by RN and/or LPN with successful completion of supervised med pass.

**Work requirements:** regular walking, standing, lifting and occasional transferring of residents, ability to read and write and communicate with others efficiently and appropriately.

**Reports to RN Oversight, Director of Nursing and administrator.**

### **Summary:**

Provides care and assistance to residents in accordance with the resident's care plan.

**Essential Duties and Responsibilities** include the following. *Other duties may be assigned.*

- Provides personal care to residents as needed, including assistance with activities of daily living (such as bathing, grooming, dressing, eating, toileting, ambulating).
- Reminds residents to take medication, if resident "self-administers" medication.
- Prepares and gives prescribed medications to residents as delegated by a Registered Nurse.
- Takes vital signs and carries out treatments as delegated and directed by a Registered Nurse.
- Is aware of residents' daily needs: physical, emotional and social; reports changes to nurse.
- Completes required documentation accurately and in a timely manner.
- Accompany residents, as needed, to various functions and activities, including trips out of the facility.
- Maintain a clean, safe and secure environment for residents.
- Assists in performing specified cleaning duties according to room cleaning schedule.
- Is knowledgeable about resident-specific diets.
- Assists kitchen manager with serving resident's breakfast/lunch and clean-up when time allows.
- Prepares, serves and cleans evening meal with assistance from Aide.
- Serves between meal nourishments and snacks.

- Communicate with physicians in the absence of a nurse.
- Observes and reports signs and symptoms of illness to nurse and takes action to relieve such, within his/her ability to do so.
- Assist in resident activity program as assigned.
- Assists in admission, discharge or transfer of residents, including preparation of necessary paperwork.
- Alerts the director of nursing and/or administrator (depending on the situation) of emergency situations and/or transfer of a resident to a hospital.
- Participates in in-service education as required by facility policy and state regulation.
- Assists the resident as needed or alerts appropriate staff member to assist the resident
- In cases of emergency, will assist residents out of facility
- 90 Day probationary period

Every effort has been made to make each job description as complete as possible. However, from time to time additional responsibilities may be assigned to employees.

All requirements are subject to possible modification to reasonably accommodate individuals with disabilities.

.....

I acknowledge that I have reviewed my job description and have received a copy.

\_\_\_\_\_  
Employee signature

## Medication Management for Forest Hill Residential Care Home

Instruct the designated staff on the following:

1. The role of the nurse in community care homes.
2. The difference between medication administration and medication assistance.
3. The proper storage of medication.
4. The side effects, purpose and dosage of specific medications.
5. Administration and documentation of medications.
  - a. Wash hands thoroughly before giving medications.
  - b. Use only medications which are properly labeled.
  - c. Compare medication label with medication list at least two times.
    - i. When removing medication.
    - ii. After pouring medication and before administering to resident.
  - d. Give medications at prescribed times.
  - e. Identify the right resident, the right drug, the right route, the right time and the right dosage.
  - f. Remain with the resident until he/she swallows the medication.
  - g. Document the administration of the medication on the monthly medication flow sheet.
  - h. If a resident refuses a medication, enter "R" and circle on the month medication flow sheet and document reason on progress note or reverse side of monthly medication flow sheet.
  - i. Document all PRN medications administered, including the date and time on monthly medication flow sheet.
  - j. Document any side effects and the action taken by facility on the progress note or on the reverse side of the monthly medication flow sheet.
6. The procedure for medication errors.
  - a. Notify the homes manager
  - b. Notify the nurse.
  - c. Document error in progress note or reverse side of monthly medication flow sheet.
7. If a medication is discontinued, note D/C on the monthly medication flow sheet so that no further dose will be given.
8. If a new medication is ordered staff shall pencil in the medication instruction on the monthly medication flow sheet after receiving instruction from the RN.

Medication Administration Delegation to:

Joanne Quimby, Maureen Brunetto, Sarah Kennison, Sam Mills, Alesha Rogers, Sean Rogers, Sarah Stearns, Kelly Donahue have demonstrated competence in medication administration based on this curriculum.

Nurse's Signature/date:

B. Brunetto 10/22/13